FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043182 (1)

BEVERAGE MAINTENANCE SYSTEMS, INC. Principal Place of Business Mailing Address 2180 WEST 1ST STREET 6572 HARTLAND STREET FT. MYERS FL 33901 FT. MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0586062 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 33517 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAYERR. GREGORY A 6572 HARTLAND STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME MAYER. GREGORY, A 1.2 NAME 6574 HARTLAND STREET STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Addition ☐ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE □ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

2/11/90

FILED

Feb 20 1998 8:00am

Secretary of State